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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/873,163	06/02/2001	Steven Olson	C01-010

CONFIRMATION NO. 3061

FORMALITIES LETTER



OC000000006378527

 23459
 RUSS WEINZIMMER
 COGNEX CORPORATION
 ONE VISION DRIVE
 NATICK, MA 01760

Date Mailed: 08/03/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

10/10/2001 BABRAHA1 00000108 032357 09873163

01 FC:105 130.00 CH

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

11.1
A J

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Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY



#3 Sector

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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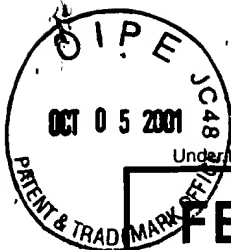
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/873,163	
	Filing Date	Jun 2, 2001	
	First Named Inventor	Olson,	
	Group Art Unit	2173	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	13	Attorney Docket Number	C01-010

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) (Informal 7 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none">• Declaration and Power of Attorney for Patent Application• Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Arthur J. O'Dea - Reg. No. 42,952
Signature	
Date	October 2, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 10/2/01			
Type or printed name	Cheryl Sloane		
Signature		Date	October 2, 2001

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FEE TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/873,163
		Filing Date	6/2/2001
		First Named Inventor	Olson, et al.
		Examiner Name	Not Yet Assigned
Group Art Unit		2173	
Attorney Docket No.		C01-010	
TOTAL AMOUNT OF PAYMENT		(\$) 130.00	

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES			
Deposit Account Number: 03-2357 Deposit Account Name: Cognex Corporation					
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
2. Payment Enclosed:					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
101 710	201 355	Utility filing fee			
106 320	206 160	Design filing fee			
107 490	207 245	Plant filing fee			
108 710	208 355	Reissue filing fee			
114 150	214 75	Provisional filing fee			
SUBTOTAL (1) (\$)					
2. EXTRA CLAIM FEES					
Total Claims	Extra Claims	Fee from below	Fee Paid		
Independent Claims	-20**=	X			
Multiple Dependent	-3**=	X			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid		
103 18	203 9	Claims in excess of 20			
102 80	202 40	Independent claims in excess of 3			
104 270	204 135	Multiple dependent claim, if not paid			
109 80	209 40	**Reissue independent claims over original patent			
110 18	210 9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)					
** or number previously paid, if greater; For Reissues, see above					
		Other fee (specify) _____			
		*Reduced by Basic Filing Fee Paid			
		SUBTOTAL (3)		(\$) 130.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Arthur J. O'Dea	Registration No. (Attorney/Agent)	42,952
Signature		Telephone	(508) 650-3108
		Date	10/2/01

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